

CALIFORNIA HOUSING FINANCE AGENCY

Homeownership Programs

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Sacramento, CA 95814

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sfprograms@chfa.ca.gov



APPLICATION TO ORIGINATE AND SERVICE LOANS

Submitted by: _____

Date: _____



Application to Originate and Service Loans

APPLICANT CORPORATE INFORMATION

Incorporation Name (Legal): _____

Mailing Address: _____

(Street or P. O. Box)

_____(City)

(State)

(Zip)

Telephone: (____) _____

Doing Business as (dba) Under the Name of (where different from incorporation name)

WHERE APPLICANT IS A BANK, SAVINGS BANK, PLEASE COMPLETE

Published Abbreviated Name (as Listed by IDC Financial Publishing, Inc., a bank, saving bank financial rating company)

City, State of headquarters location (as published by IDC Financial Publishing, Inc.)

LEGAL STATUS OF APPLICANT

Incorporated on (Date): _____

☐ A corporation, under the laws of: _____

☐ A national bank with corporate headquarters located in: _____

☐ A savings association, under the laws of: _____

☐ A credit union, under the laws of: _____

☐ A partnership registered under the laws of: _____

☐ An individual proprietorship: _____

☐ Other: _____



Application to Originate and Service Loans

CORPORATE LIAISON

Corporate Liaison Contact Person:_____

Title:_____

Address: _____

(City) **(State)** **(Zip)**

Telephone: (____) _____

Fax: (____) _____

E-Mail Address:_____

PRINCIPAL CORPORATE OFFICERS

Name

Title

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Disclose by a separate attachment whether any of the principal officers, directors, partners, or owners with an interest of 5% or more:

- 1) Have been convicted of a crime or named in a pending criminal proceeding (excluding traffic violations and other minor offenses);
- 2) Have been subject to an order, judgment, or decree enjoining him or her from engaging in any activities in connection with any type of business transaction (including the purchase or sale of a security) or acting as (or as an associated or affiliated person of) an investment adviser, underwriter, broker, dealer, financial institution, or an other business; or
- 3) Have been employed by an institution within two years of its debarment by the Department of Housing and Urban Development.

Has your company ever been suspended or terminated by FHA/VA, FNMA, FHLMC, a Private mortgage insurer, or other investor? ☐ No ☐ Yes

If yes, for what reason and when? _____

PARENT COMPANY OF APPLICANT (AS APPLICABLE)

Parent Company: Legal Name: _____

Mailing Address: _____

(City) (State) (Zip)

WHERE PARENT COMPANY IS A BANK, SAVINGS BANK, PLEASE COMPLETE

Published Abbreviated Name (as Listed by IDC Financial Publishing, Inc., a bank, saving bank financial rating company)

City, State of headquarters location (as published by IDC Financial Publishing, Inc.)



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RELATIONSHIPS

Mandatory Qualifications for CHFA Servicer

Are you a FNMA Seller/Servicer Lender?

Yes ☐ No ☐

Do you provide financial data electronically to Fannie Mae?
No

☐es ☐

Are you a HUD (FHA) Single Family Servicer?

Yes ☐ No ☐

Are you a HUD (FHA) Direct Endorsement Lender?

☐es ☐

No

Are you a MERS member (Loan Registry)?
(Mandatory effective January 1, 2002)

Yes ☐ No ☐

Non-mandatory Affiliations

Are you a FHLMC Seller/Servicer Lender?

Yes ☐ No ☐

Are you a VA Lender?

Yes ☐ No ☐

Are you a USDA Rural Housing Service (RHS) lender?

Yes ☐ No ☐

California Loan Origination Branch Locations

Please provide by separate attachment or state your California Lending branch locations:

Street Address **City**

Street Address **City**

Street Address **City**

Street Address **City**

Street Address **City**



Application to Originate and Service Loans

California Loan Origination Branch Locations

Street Address

City

Street Address

City

Street Address

City

Street Address

City

Street Address

City

Street Address

City

Street Address

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Street Address

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Street Address

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Street Address

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Street Address

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Street Address

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Street Address

City

For additional branch locations, please attach to Application.



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STATEMENTS OF FINANCIAL CONDITION

Is your company listed by the Security Exchange Commission? Yes ☐ No ☐

If yes, which board? _____

MORTGAGE BANKERS

1) Attach, the last four (4) quarters (complete reports) of the Mortgage Bankers Financial Reporting Form (Fannie Mae Form 1002/Freddie Mac Form 1055/Ginnie Mae Form HUD 11750) The latest statement must be current within thirty (30) days of ending report period.

2) Attach for Servicer and parent company (as applicable), the last two (2) years audited annual Financial Statements prepared by Servicer's independent certified public accountant. The Financial Statements shall be based on the CPA's examination of Servicer's financial statements and the Servicer's loan servicing operations, including those related serviced for CHFA. This report shall also incorporate the Uniform Single Audit Program for Mortgage Bankers. Attach the financial "Adjusted Net Worth" as defined by the audit guide for HUD and GNMA. The audited reports shall also include a balance sheet; an income statement; a statement of retained earnings; a statement of additional paid-in-capital; a statement of changes in financial position and all related notes.

As a Fannie Mae approved Seller/Servicer, mortgage companies (not applicable for banks, savings banks or credit unions) are required to provide quarterly financial data electronically to Fannie Mae. As a condition of Application acceptance, do you authorize Fannie Mae to download your financial data to California Housing Finance Agency on a quarterly basis?

No

☐s ☐

We Authorize Fannie Mae to release financial data (Fannie Mae Form 1002) to California Housing Finance Agency on a quarterly basis:

By: _____

Authorized Signature

Name and Title: _____

Company: _____

Date: _____

BANKS/SAVINGS AND LOANS, CREDIT UNIONS



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Attach, the last four (4) quarters (complete reports) of the "Thrift Financial Report" and statement of condition, or "Call Report". The latest statement must be within thirty (30) days of ending period.

SERVICING INFORMATION

If your company is selected as a CHFA Lender, how will the CHFA originated loans be serviced?



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☐ **Company will service the loans.**

When checked, has your company had previous experience servicing CHFA loans? ☐ Yes ☐ No

Provide the period during which your company serviced CHFA loans (as applicable):

From (Period) through (Period)

☐ **Loans will be service-released to an Approved CHFA Servicer. ***

☐ **A "Private Label Servicer", as sub-servicer for company, will service loans. ***

☐ **Loans will be sub-serviced by a CHFA Approved Servicer.***

When checked, please indicate the name and servicing address of the Private Label Servicer or Sub-servicer below:

A separate Servicer Application and Servicing Agreement will be required for Servicer or Sub-servicer that is not currently an Approved CHFA Servicer. Upon request, CHFA will forward these documents together with an Approved Servicer listing.

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

Please provide contact information for your company's Servicing Manager:



Application to Originate and Service Loans
Servicing Manager (print) Area Code Phone Number

Mailing Address: _____

(City)

(State)

(Zip)

Telephone: (____) _____

Fax: (____) _____

E-Mail Address: _____

Does your company microfiche all collateral/origination files? Yes ☐ No ☐

Does your company maintain hazard insurance policies? ☐ es ☐
No

If "no", does your company have a blanket insurance policy? Yes ☐ No ☐

List the primary service location (where the CHFA loans will be serviced):

(In a separate attachment, provide a list of any other servicing locations.)

State the telephone hours your collection staff uses to contact borrowers: _____

State your collection hours according to time zone:

☐ Pacific ☐ Mountain ☐ Central ☐ Eastern

Does your staff utilize evening collection hours? Yes ☐ No ☐

If so, please state the hours: _____

Does your staff utilize Saturday collection hours? Yes ☐ No ☐

If so, please state the hours: _____

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

Does your company utilize automated telephone calling for delinquent loans? Yes ☐ No ☐

If yes, please indicate the degree of delinquency when utilized:



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30-Day ☐

60-Day ☐

90-Day ☐

If yes, in addition, does your company utilize collection personnel for 30-day Delinquent loans? Yes ☐ No ☐

How many full time collectors does your company employ? _____

How many part time collectors does your company employ? _____

How many loans do you service? _____

What is the ratio of serviced loans per full time employee? _____
(Loans divided by number of full time employees)

COMPUTER SERVICE BUREAU, AS APPLICABLE

List the name, address and phone number of your company's computer service (if in-house, please state):

Does your company's servicing operation have the capacity to provide monthly-computerized taped reports for loan servicing/accounting Yes ☐ No ☐

Note: *A separate Servicer Application and Servicing Agreement will be required for Servicers, Private Label Servicers or Sub-servicer that is not currently an Approved CHFA Servicer. CHFA will forward these documents together with an Approved Servicer listing upon request.*

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

SERVICER ORGANIZATION CONTACT LIST

CORPORATE

Servicing Address: _____



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ADMINISTRATION

Servicing Manager: _____ **Phone:** _____

Title: _____

Fax: _____ **E-mail:** _____

Audit Contact: _____ **Phone:** _____

Title: _____

Fax: _____ **E-mail:** _____

FINANCIAL

Chief Operating Officer _____ **Phone:** _____

Title: _____

Fax: _____ **E-mail:** _____

Investor Accounting

Manager: _____ **Phone:** _____

Title: _____

Fax: _____ **E-mail:** _____

Servicer Organization Contact List

Customer Service

Manager: _____ **Phone:** _____

Title: _____



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Fax: _____ E-mail: _____

Borrower Escrow Accounts

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

Collections

-

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

Default Reporting: _____ Phone: _____

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

BANKRUPTCY

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

Servicer Organization Contact List

Loss Mitigation

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____



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Default Reporting: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

Foreclosures

Manager: _____ Phone: _____

Title: _____

Fax: _____ E-mail: _____

AUDIT EXAMINATION REPORTS

Attach your latest servicing examination (audit) reports available from HUD (FHA) and FNMA (if more than one servicing location, attach the servicing examination reports for the proposed CHFA loan servicing location).



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COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

Total: Single Family Loan Portfolio: As of: 12/31/1999

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Total: Single Family Loan Portfolio: As of: 12/31/2000

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Total: Single Family Loan Portfolio: As of: 2001 (State Month) :

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Total is defined as Servicer's Total Single Family Servicing Portfolio



Application to Originate and Service Loans

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

FHA: Single Family Loan Portfolio: As of: 12/31/1999

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

FHA: Single Family Loan Portfolio: As of: 12/31/2000

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

FHA: Single Family Loan Portfolio: As of: 12/31/2001 (State Month):

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS



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VA: Single Family Loan Portfolio: As of: 12/31/1999

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

VA: Single Family Loan Portfolio: As of: 12/31/2000

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

VA: Single Family Loan Portfolio: As of: 12/31/2001 (State Month):

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

RHS: Single Family Loan Portfolio: As of: 12/31/1999



Application to Originate and Service Loans

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

RHS: Single Family Loan Portfolio: As of: 12/31/2000

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

RHS: Single Family Loan Portfolio: As of: 12/31/2001 (State Month):

	Dollars (in Millions)	Number of Loans in Thousands)	Delinquency Ratio (#)
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

RHS is defined as USDA Rural Housing Service



Application to Originate and Service Loans

COMPLETE ONLY WHERE APPLICANT WILL SERVICE CHFA LOANS

Conventional: Single Family Loan Portfolio: As of: 12/31/1999

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Conventional: Single Family (SF) Loan Portfolio: As of: 12/31/2000

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Conventional: SF Loan Portfolio: As of: 12/31/2001 (State Month):

	<u>Dollars</u> <u>(in Millions)</u>	<u>Number of Loans</u> <u>in Thousands)</u>	<u>Delinquency</u> <u>Ratio</u> <u>(#)</u>
Total Portfolio Bal.:	\$ _____	# _____	_____ %
30-Day Delinquency:	\$ _____	# _____	_____ %
60-Day Delinquency:	\$ _____	# _____	_____ %
90-Day Delinquency:	\$ _____	# _____	_____ %
120 Day & Over Del:	\$ _____	# _____	_____ %
Total Delinquency:			_____ %
* Annualized REO Foreclosures:			_____ %

Conventional is defined as Servicer's Total Single Family Servicing Portfolio for non-insured or guaranteed loans



Application to Originate and Service Loans

COMPLETE AND ATTACH THIS PAGE

ACKNOWLEDGEMENT

I affirm that all information submitted with and attached to this application is true and correct. I hereby authorize CHFA, at its discretion, to verify the information with any other sources, and I hereby waive any cause of action or claim I may have against such sources with respect to any information they may provide.

By: _____
Authorized Signature

Name and Title: _____

Company: _____

Date: _____

(AFFIX CORPORATE SEAL, AS APPLICABLE)